

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AB</i>	<i>535</i>	<i>05-22-01</i>
RESPONSE FORMALITY REVIEW	<i>yph</i>	<i>1020</i>	<i>10-2-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-e' I
 = Allowed I Interfr e
 - (Through numeral) ... Canceled A Appr
 ÷ Restricted O Cgk

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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9	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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533
10-02-01